

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8594	2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04
3. Name and address of person filing. Name Michael Stiles P.O. Box, Bldg., Room No., if any 1000 P.O. Box 459 Street 1000 Hendricks Causeway City Ridgefield NJ State NJ ZIP Code + 4 07657	4. Name, file number, and address of labor organization. Name Pipefitters Local - 274 Labor Organization File Number 035-854 P.O. Box, Building and Room Number, if any P.O. Box 459 Street 1000 Hendricks Causeway City Ridgefield NJ State NJ ZIP Code + 4 07657
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name **None**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

None

7.b. Amount.

None

5. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signature

Michael J. Stiles

Signed

Michael J. Stiles

On

8-12-05

Name of Person Filing <i>Michael J Stiles</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>NONE</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with: <i>NONE</i></p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>NONE</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. <i>NONE</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received. <i>NONE.</i></p> <p>12.b. Amount. _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>NONE</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment. <i>NONE</i></p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	